

Cabinet for Health and Family Services Department for Community Based Services Education and Workforce Development Cabinet
Department of Workforce Investment

LOCAL WORKFORCE INVESTMENT AREA (LWIA) FORMAL COMPLAINT FORM								
(The formal complaint form shall be filed within ten (10) calendar days after the date of the action or alleged act.)								
Employee's Full Name: SSN:			(10) 00.10110.0	Job Title:				
Employer Name:	Super	Supervisor's Name:		Employer Address:				
Home Address:	l w		Work Teleph	one No. Home Telephone No.				
				() - ext. () -				
			Work E-mail Address: Home E-mail Address:					
Data of Incidents			Where did incident occur?					
Date of incident.	Date of Incident:			where all incluent occur?				
Describe your issue or dissatisfaction with services (use attachments if necessary):								
•								
The facts supporting your issue or dissatisfac	tion wit	h services	(use attachme	nts if necessary):				
The lasts supporting your locate or allocations	,		(uso allasiiiis	,,,,				
Witness(es) (included names & contact information):								
How have you tried to resolve the issue or dissatisfaction with services?								
The flate year and to receive the local of allocation than earth and								
The relief I want is (use attachments if necessary):								
					*			
I understand that my signature indicates that the above statements are true to the best of my knowledge.								
Date: WorkNow Partic	ipant's S	Signature:	i					
A formal complaint regarding your issue or dissatisfaction with services rendered under the WorkNow KY Program must be filed with the Local Workforce Investment Area (LWIA). Address for the LWIA is:								
The Complaint Procedures provided at the time of application contain complete complaint process information.								
WorkNow KY participants who allege discrimination may file a complaint in accordance with 920 KAR 1:090.								



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Date Received in by I	WIA:					
Response (use attach	ments if necessary):					
Response/Mailed Date:	LWIA Respondent's Signature:	Telephone No () -	.: ext.			

Administrative Hearing Rights

A WorkNow KY participant may request an administrative hearing in accordance with 921 KAR 2:055 at any time during the complaint process. A WorkNow KY participant shall have the same hearing rights as a Kentucky Transitional Assistance Program (K-TAP) recipient. A request for an administrative hearing shall be sent to: Cabinet for Health and Family Services, Division of Administrative Hearings, Families and Children Administrative Hearings Branch, 275 East Main, 1 E-C, Frankfort, KY 40621.